

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000062816

1. Entity Name
GIORDANO ENTERPRISES, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90092 027 ***158.50

Principal Place of Business
**1251 SW 4TH AVENUE
BOCA RATON FL 33432**

Mailing Address
**1251 SW 4TH AVENUE
BOCA RATON FL 33432**

00030174



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
370 W CAMINO GARDENS BLVD.

3. Mailing Address
370 W. CAMINO GARDENS BLVD.

Suite, Apt. #, etc.
SUITE 109

Suite, Apt. #, etc.
SUITE 109

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number
65-102 2453

Applied For
Not Applicable

Zip
33432

Country
USA

Zip
33432

Country
USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GIORDANO, DANIEL M II
1251 SW 4TH AVENUE
BOCA RATON FL 33432**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida.

SIGNATURE **DANIEL M GIORDANO, II** *[Signature]* **3/27/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT	<input type="checkbox"/> Delete
NAME GIORDANO, DANIEL M II	
STREET ADDRESS 1251 SW 4TH AVENUE	
CITY-ST-ZIP BOCA RATON FL 33432	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GIORDANO, DANIEL M II	
STREET ADDRESS 1251 SW 4TH AVE.	
CITY-ST-ZIP BOCA RATON, FL 33432	
TITLE TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MARIDES GIORDANO	
STREET ADDRESS 1251 SW 4TH AVENUE	
CITY-ST-ZIP BOCA RATON, FL 33432	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* **DANIEL M. GIORDANO II** **3-27-01** **561-395-0405**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

0303847

CR2E034 (10/00)